

APPLICATION FOR HOME / OFFICE OCCUPATION DEVELOPMENT PERMIT

Land Use Bylaw #2022-04 & Business License Bylaw #2018-15

Town of Wainwright
1018 - 2 Avenue
Wainwright, AB T9W 1R1
780-842-3381



Applicant: _____

Telephone: _____ Email: _____

Mailing Address: _____ City/Town: _____ Province: _____ Postal Code: _____

Address of Home Occupation / Office: _____

Legal Description: Lot: _____ Block: _____ Plan: _____ Land Use District: _____

Registered Owner of Property (Attach written permission from registered owner if different than applicant):

Business Name: _____

Describe what the business function will be: _____

APPLICANT SIGNATURE

Please Complete Form on Reverse

Any approval that may be granted is conditional upon the information provided in this application being correct. Every Home Occupation is subject to review annually and if at any time, it is determined that the Home Occupation is not being conducted in accordance with the provisions of the Land Use Bylaw, or as described in this application, the license may be revoked.

By submitting this application, I hereby certify that the information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for development approval.

Signature: _____ Date: _____

OFFICE USE ONLY

Roll Number: _____ **Application to Municipal Planning Commission:** Date: _____ Fee: \$ _____

Permit Number: _____ Date of Issue: _____ Issued By: _____ Fee: \$ _____

This permit is issued with following conditions attached:

- This permit does not come into effect until 21 days after the date that the notice of issuance is posted in the Town.
- The development is in accordance with Land Use Bylaw 2022-04 and any approved plans and specifications.
- A person claiming to be affected by the issuance of this permit may file an appeal within 14 days after issuance and should such an appeal be received; this permit shall become void.
- This permit is valid for a period of 6 months from the date of issue after which it shall expire and become null and void if the home occupation has not commenced operation.
- The personal information contained in this application is being collected under the authority of the Town of Wainwright Land Use Bylaw # 2022-04 and will be used for the purpose of determining eligibility for a Home Occupation permit and for the enforcement of applicable laws. This information may be circulated to persons or authorities as necessary for the review process. If you have any questions regarding the collection of this information, contact the FOIP Coordinator at the Town of Wainwright.

CONDITIONS / COMMENTS: _____

What type of work will be done on the premises? _____

Where on the premises will it be done? _____

Are there any employees other than the immediate family members who will be working in the residence?

Yes ☐ No ☐ If yes, how many? _____

What are the hours of operation? _____

Will the business operate on weekends? Yes ☐ No ☐

Will there be clients coming to the residence? Yes ☐ No ☐

If yes, how many? How often? _____

Will a business sign be displayed on the premises? Yes ☐ No ☐

If yes, what is the size of the sign and where will it be located? _____

(Please note that signs in residential areas cannot be larger than 0.2m²)

How many off-street parking stalls? List size/type of vehicles and trailers that will be used for the business: _____

Where will these vehicles be stored or parked? _____

Will there be any storage of materials, goods and equipment outside the residence? Yes ☐ No ☐

If yes, what will be stored? Where will it be stored? _____

Will there be any fixed display of goods upon the premises? Yes ☐ No ☐

Will the business require that deliveries be made to the residence? Yes ☐ No ☐

If yes, what type (courier, transport, delivery, etc.)? How often? _____

Will there be any flammable or hazardous materials on the premises as a result of the type of business you propose to operate (solvents, paint thinners, special cleaners etc.)? Yes ☐ No ☐

If yes, list all materials(s), how much will be kept on site, and how will it be kept? _____

Will there be any external indication to the surrounding residents that the business is operating out of the residence (noise, vibration, smoke, dust, odors, heat, glare, electrical or radio disturbance)?

Yes ☐ No ☐ If yes, provide details: _____

Will there be any variation to the external appearance of the building?

Yes ☐ No ☐ If yes, describe the variance _____

2026 BUSINESS LICENSE APPLICATION FORM

Business License Bylaw #2018-15

Town of Wainwright
1018 - 2 Avenue
Wainwright, AB T9W 1R1
780-842-3381



Please fill in the following information, sign and return with your business license payment so that we may issue you your business license and effectively update our business database.

Business Name: (known as): _____

Type of Business: ☐ In Town - Commercial ☐ In Town - Home Based ☐ Out of Town ☐ Weekly
(choose one)

Business activities being applied for: (This is what will be published as your business description and searchable on our online business directory):

Business Location Address: _____

Business Mailing Address (if difference than above): _____

City/Town: _____ Postal Code: _____

Business Phone: _____ Email Address: _____

Contact Name: _____ Contact Phone: _____

Number of Employees (full time and full time equivalent): _____
Total number of part time hours per week divided by 40 equals full time equivalent

Your business will automatically be added to the business directory at www.wainwright.ca and will receive information from the Town of Wainwright. If you do not wish to be included, please specify.

☐ **No**, I do not want my business published on the Town of Wainwright website Business Directory.

☐ **No**, I do not want to receive information from the Town of Wainwright.

APPLICANT SIGNATURE

I hereby apply for a business license to operate the above-named business at the above-mentioned property in the Town of Wainwright. The information given on this form is complete and is, to the best of my knowledge, a true statement of the facts relating to this application for approval.

Signature: _____ Date: _____

THIS FORM MUST BE SUBMITTED WITH YOUR PAYMENT

OFFICE USE ONLY

Business License Number: _____ Amount Paid: \$ _____

Development Authority Signature: _____ Date: _____

Conditions / Comments: _____

